

St George Hospital, Renal Department – INTERNAL ONLY

Muscle cramps: management on haemodialysis

Objective: To relieve the discomfort of cramps during the haemodialysis treatment.

Muscle cramps most commonly occur in association with hypotension. Volume contraction of the extracellular fluid due to rapid ultrafiltration is thought to be the major cause of dialysis induced cramps.

Nursing Management

- Check BP and treat any underlying hypotension (although cramps may persist after correction)
- Stop UF temporarily
- Stat 100ml bolus of 0.9% normal saline (hypertonic saline or glucose (non diabetic patients) helps to dilate muscle bed blood vessels and may be used in extreme cases)
- Stretch the affected muscle. Never massage vigorously when patient is receiving anticoagulant therapy.
- Increase sodium concentration
- Apply hot pack (as per application of hot and cold procedure)
- Notify medical team if cramp unresolved
- Document occurrence in RISC and on haemodialysis record.

Prevention

- Avoiding hypotension – regular fluid assessment and dry weight review
- For patients who regularly suffer from intradialytic cramps, not associated with hypotension, profiling may be useful. Commence with Na level of 150-155meq/litre and program linear decrease to 135-140meq/litre by the end of the treatment.
- Quinine sulphate may be beneficial prior to dialysis
- Stretching exercises on dialysis

Reference

Daugirdas, J.T., Blake, P.G., & Ing, T.S. (2007) Handbook of Dialysis. 4th Edition. Philadelphia: Lippincott, Williams and Wilkins.